						nstructions and *Privacy Page Page Page Page Page Page Page Page						1	of 1	Pages	
STD. 262 (REV. 06/93) (CIWMB AUTOMATED 08/93) CLAIMANT'S NAME State							SSAN OR EMPLOYEE NUMBER *					DEPARTMENT			
Cynthia Tuck						On File Cal/EPA						EPA			
CB/ID					MBER	DIVISION OR BUREAU						INDEX NUMBER			
Undersecretary						Office of the Secretary					TELEPHONE NUMBER				
1001 I Street						1001 I Street					916.324.3708				
STATE					ZIP CODE						STATE	0.0.0	ZIP CODE		
Sacra		nto	CA		95814	Sacra	mento					CA		95814	
(1) MONTH/YR Jul-09		(3)	(4)		(5) MEALS		(6)	(A)	(7) (B)	TRANSPORTAT (C)	ION	(D)	(8)	(9)	
Jul	-09					N/C,		(,,)	(2)			(2)			
(2)		LOCATION WHERE EXPENSES		BREAK-		RELO OR	INCIDEN-	COST OF	TYPE	CARFARE TOLLS,	PRIVAT	TE CAR USE	BUSINESS	TOTAL EXPENSES	
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED	PARKING		AMOUNT	EXPENSE	FOR DAY	
7/14	10:00	Sacramento - San Francisco								\$12.00				\$12.00	
	10:00														
										\$4.00				\$4.00	
7/14	20:30	San Francisco - Sacramento				\$18.00				\$4.00				\$4.00	
					<u> </u>										
(10)	SUBT	TOTALS	•		•			•					•	20.00	
		JMN CODE (ACCTG USE ONLY)												23.30	
		MITOTAL												20.00	
			inte/vouchers ::-	nen roguire -l'							(12) N	ODMAL 147	JDK HOUDS	20.00	
	11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Met with Germany's Depulty Minister of Foreign Affairs & his Delegation re: Climate Change & Renewable Energy.								(12) NORMAL WORK HOURS 8:00-5:00						
												(13) PRIVATE VEHICLE LICENSE NUMBER			
	(14										14) MILEAGE RATE CLAIMED				
(45)										ΔΙΑ	0.55 cents				
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752,															
	0753 ar	nd 0754 pertaining to vehicle safety and seat he	lt usage	met the req	uirements as								ī		
CLAIMANT'S SIGNATURE						(16.) SIGN	NATURE OF	OFFICER	R APPRO	VING TRAVEL A	ND PAY	MENT	DATE		
(17.) SF	'ECIAL E	EXPENSE AUTHORIZATION - SIGNATURE an	d TITLE	(See Item	17 on reverse	e)							DATE		